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CONFIRMATION NO. 1401

Bib Data Sheet

SERIAL NUMBER 10/550,998	FILING OR 371(c) DATE 10/24/2005 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. TOYA117.005APC
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**** CONTINUING DATA ***** M.C.H. *******

This application is a 371 of PCT/JP04/04240 03/25/2003

**** FOREIGN APPLICATIONS ***** M.C.H. *******

JAPAN 2003-083831 03/25/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/03/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 13	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature  Initials 				

ADDRESS

20995

TITLE

THERAPEUTIC AGENT FOR NERVE DAMAGE

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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